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Testimony of the City of New Haven Before the Public Health Committee

In Support of

H.B. No. 5538 An Act Concerning A Pilot Program For School-Based Health Care Centers

Submitted by

Testimony by Dr. Mario Garcia, Director of Public Health

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The New Haven Health Department welcomes the opportunity to support H.B. 5538, legislation designed to promote a school based health services initiative that will not only rationalize the continuum of students' care within the school system, but will also maximize the school reform efforts by improving health outcomes in synergy with academic achievements.

While the implementation of the Affordable Care Act has created mechanism to expand insurance availability, it has also made the need of primary care services even more apparent. I am convinced that a well coordinated delivery of school based health services represents the best practical option to expand coverage of primary care and preventive services for children in New Haven as the Medicaid program expands and the individual mandate increases the demand for services.

The essential health benefits defined by the ACA require health plans to ensure the delivery of preventive services, which will be assessed by the U.S. Preventive Services Task Force to determine reimbursement rates. In addition, coverage for mental health services is now included under essential health benefit plans. As the reform implementation moves forward, school health services will become the natural venue to deliver this type of required care for children.

A comprehensive approach to delivering school based health services requires coherent management and coordination of operations. The governance design must ensure that multi-agency participation in service and program delivery is based on collaboration and synergistic goals. Successful management of school based health services demands consistent budgeting and billing procedures which must take into account the new climate for reimbursement and billing systems created by the health care reform act.

Delivery of school based health services also demands an essential infrastructure that involves 1) Setting up and maintaining facilities to run clinics and group based programs; 2) Ensuring the availability of data collection and analysis systems to assist in the planning and impact evaluation of health services on the school population. This includes the adoption of new electronic health record standards expected of health care providers delivering services in the school setting; 3) Establishing procurement and supply systems under a single organizational unit.

School readiness, health education, health promotion, disease prevention and primary health care are five fundamental domains for a school based health services organization. The school based health clinics and school nursing program—two distinct and complementary models of service delivery—ensure preventive and primary care in the school setting.

For school based health services to become an integral component of primary care services and participate in new payment models must conform to the standards of Accountable Care Organizations (ACOs) as defined by the health care reform legislation. Services should be accountable for the care of beneficiaries, have adequate primary care clinicians, promote evidence-based practice, report on quality and costs, and coordinate care.

Information systems remain a critical piece of the infrastructure. It is anticipated that eligible providers within school based health services become meaningful users of Health Information Technology. This will strengthen the quality of the services they render and will greatly enhance communication between the primary providers and other ancillary providers for the school population. Strengthening communication between primary providers at all levels will assist the patient-centered family home and the development of public health policies.

Expectedly, some form of health plan will cover a larger portion of children. This will mean less reliance on unpredictable funding sources and grants to maintain services, and instead greater reliance on billing insurers. These changes open opportunities for billing previously uncovered services such as immunizations and other preventive care. Medicaid eligibility will also be simplified so it will be easier for school health services to assist families in gaining eligibility. Because of the anticipated importance of primary care medical homes, school based health services must be able to regularly link children to local primary care providers.

In addition, care coordination is central to the successful performance of health service providers. Such coordination must begin within the school setting based on job assignments to administrators, nurses and clinicians. It should extend to coordination with health care providers in the local primary health care network. This includes a clear system of referrals to medical homes and when necessary, to emergency rooms.

Clinics and nursing stations must be fully staffed at all times during instruction periods. School administrators and teachers are critical players in monitoring the health status of pupils. The success of the academic process strongly relies on children staying safe and healthy while under the supervision of the school district.

Comprehensive school based health services is a complex system encompassing all of the items discussed above. In order to effectively plan and operationalize services, the system can be divided into separate, but interrelated, compartments: 1) School readiness; 2) Health promotion (i.e., health education, school wellness teams, health marketing campaigns, cafeteria learning labs, food services) and disease prevention (i.e., immunizations, bed bugs, head lice, seasonal flu, injury); 4) School nursing services; and 5) School based health clinics. These elements need to be supported by a strong direction, modern information systems and institutional policies of collaboration.